FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047525 (6)

A+ POOLS, INC.

Principal Place of Business

8300 DAVID BOULEVARD NAPLES FL 83962 Mailing Address

3300 DAVID BOULEVARD NAPLES FL 34104-5002

FILED Apr 29 1997 8:00am Secretary of State



MAPLES PL 308	N.E	NAPLES PL SHIUM-SUUZ					
					3. Date Incorporated or Qualified 05/29/1996	3a. Date of	Last Report
2. Principal Place of Business 21 3300 Davis Boulevard Sulte, Apt. #, etc.		28. Mailing Address 26 3300 Davis BouleVard			4. FEI Number 06835	15	Applied For Not Applicable
Suite, Apt.	#, GIC.	Suite, Apt. #, etc.			5. Certificate of Status Desired		3.75 Additional Fee Required
City & Stat	e	Crty & State		Election Campaign Financing Trust Fund Contribution	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
Zip	Country	Zip	··		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
24 3410	9, Name and Address of Current	29	30]		Florida Statutes 10, Name and Address of New Rec		
DICE	ROGER B	negratored Agent	8	i Name	10. Name and Address of New Neg	isteleu Mgel	
	SEAGATE DRIVE						
	E 203		82 Street Add		lress (P.O. Box Number is Not Acceptabl	e)	
	LES FL 33940		8	3			
14/4/	LO 1 E 30940						
			8	4 City		FL 85	Zip Code
1	to the provisions of Sections 607.0502 egistered agent, or both, in the State of martine with, and accept the obligations.	and 607,1508, Florida Sta f Florida. Such change wa ons of, Section 607,0505,	lutes, the abo is authorized l Florida Statut	ve-named cor by the corpora es.	poration submits this statement for the pr tion's board of directors. I hereby accep	irpose of chai t the appointr	nging its registered nent as registered
SIGNATURE	Signature, typod or printed name of registered agent	and tile if applicable (N	NOTE: Registered A	gent signature requ	ireo when reinstating)	DATE	
12.	OFFICERS AND	·	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	1.5 TITLE			∐ (Change 🔲 Addition
NAME	RAUSCH, CHRIS		1.2 NAM				
STREET ADDRESS	140 DEBRON DRIVE NAPLES FL 33962		1.3 STRE	T ADDRESS			
CITY-ST-ZIP	NAPLES PL 33802	DELETE.	1.4 Cily			F-1 .	
TITLE	RAUSCH, DEBORAH	DELETE	2 1 TITLE				Change
NAME	140 DEBRON DRIVE		2.2 NAMI				
STREET ADORESS	NAPLES FL 33962			T ADDRESS			
CITY-ST-ZIP TITLE	D	DELETE	2. 4 City 3.1 TITLE		······································	Π,	Change Addition
NAME	KRANTZ, ROBERT	LJ bittit	3.2 NAM				mange
STREET ADORESS	2584 LONGBOAT DRIVE			T ADDRESS			
CITY-ST-ZIP	NAPLES FL 33942		3.4. CITY				
TITLE		☐ DELE1E	4.1 TITLE			П	Change Addition
NAME			4. 2 NAM	i			g- 🗀 / 102/109/1
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE		DELETE	5.1 TITLE				Change Addition
NAME			5.2 NAMI				
STREET ADDRESS			5.3 STHE	T ADDRESS			
CITY-ST-ZIP			54 CITY				
TITLE		DELETE	61 TITLE				Change Addition
NAME			62 NAME				
STREET ADDRESS			63 STRE	1 ADDRESS			
CITY-ST-ZIP			64 CITY-	S1 - ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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